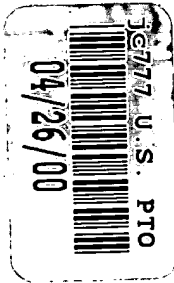


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PTO/SB/05 (2/98)  
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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small>	Attorney Docket No.	OPT-11
	First Inventor or Application Identifier	Robinson, Douglas L.
	Title	Real or Virtual Imaging System with Reduced Gho
	Express Mail Label No.	EL304700655US

<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>	<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>	6. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages 15] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross References to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to Microfiche Appendix</li><li>- Background of the invention</li><li>- Brief Summary of the invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul>	7. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> <ul style="list-style-type: none"><li>a. <input type="checkbox"/> Computer Readable Copy</li><li>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</li><li>c. <input type="checkbox"/> Statement verifying identity of above copies</li></ul>
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 11]	<b>ACCOMPANYING APPLICATION PARTS</b> 8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 14. <input type="checkbox"/> * Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired <small>(PTO/SB/09-12)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Other: .....
4. Oath or Declaration [Total Pages ] <ul style="list-style-type: none"><li>a. <input type="checkbox"/> Newly executed (original or copy)</li><li>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <small>(for continuation/divisional with Box 17 completed)</small> <small>[Note Box 5 below]</small><ul style="list-style-type: none"><li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</li></ul></li></ul>	
5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	
17. If a <b>CONTINUING APPLICATION</b> , check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ Prior application information: Examiner _____ Group / Art Unit: _____	

<b>18. CORRESPONDENCE ADDRESS</b>				
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		020808		or <input type="checkbox"/> Correspondence address below
<small>(Insert Customer No. or Attach bar code label here)</small>				
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Name (Print/Type)	Christopher A. Michaels	Registration No. (Attorney/Agent)	34,390
Signature		Date	4/26/00

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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <p style="margin: 0; font-size: small;">Patent fees are subject to annual revision on October 1. These are the fees effective October 1, 1997. Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.</p>		<p><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;"></td> </tr> <tr> <td>Filing Date</td> <td style="text-align: center;">04/26/2000</td> </tr> <tr> <td>First Named Inventor</td> <td style="text-align: center;">Robinson, Douglas L.</td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Group / Art Unit</td> <td></td> </tr> <tr> <td>Attorney Docket No.</td> <td style="text-align: center;">OPT-11</td> </tr> </table>		Application Number		Filing Date	04/26/2000	First Named Inventor	Robinson, Douglas L.	Examiner Name		Group / Art Unit		Attorney Docket No.	OPT-11
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TOTAL AMOUNT OF PAYMENT	(\$)	372.00													

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																																																																																									
<p><b>1.</b> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: <span style="border: 1px solid black; padding: 2px;">02-0910</span></p> <p>Deposit Account Name: <span style="border: 1px solid black; padding: 2px;">Brown, Pinnisi &amp; Michaels PC</span></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 C.F.R. §§ 1.16 and 1.17      <input type="checkbox"/> Charge the Issue Fee Set in 37 C.F.R. § 1.18 at the Mailing of the Notice of Allowance</p> <p><b>2.</b> <input checked="" type="checkbox"/> Payment Enclosed:  <input checked="" type="checkbox"/> Check      <input type="checkbox"/> Money Order      <input type="checkbox"/> Other</p>	<p><b>3. 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SUBMITTED BY				Complete (if applicable)	
Typed or Printed Name	Christopher A. Michaels			Reg. Number	34,390
Signature		Date	4/26/00	Deposit Account User ID	

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